

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

IMC	INTOXII	VZER	5000	MAINTENA	NICE	DEDORT
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RECEIVED

REPORT

Complete this report at the time of the reg Complete this report whenever the instrum Retain the original and send a copy within	ent is serviced or repaired	d and whenever it is p	it to exceed 35 di placed into servic	By Carol Day at 10:04 am, Jul 14, 20 ays). e.					
INTOXILYZER 5000 SN NAME OF AGENCY	Aur Police D	bol.	DATE OF INSPECTION	3-14					
LOCATION OF INSTRUMENT (STREET AND CITY)	ter MO 63	324)	TIME OF INSPECTION))					
CHECKLIST: Place almark by each item if where determined.) Unmarked items must			established limits.	(Write in observed values					
DVM TEST: (.350 ± .150)	311								
DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 7-3-14 0706									
CHARACTER DISPLAY TEST				1					
PRINT TEST (PRINTOUT ATTACHED)_								
SIMULATOR SOLUTION SUPPLIER _	Repco	LOT#_ <u>/</u>	3002	EXP. DATE 695					
SIMULATOR TEMPERATURE (34°C ±	_{0.2°C)} 34.0 c	SIMULATOR SN	SD 3328	EXP. DATE 3:11-15					
CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)									
Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)									
0.100% STANDARD - MUST READ 0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ	BETWEEN 0.076% AND	0.084% INCLUSIVE							
TEST 1 # , 096	TEST 2 ()	96	EST 3 🖝	,097					
PERFORM RFI TEST (PRINTOUT ATTA	CHED)								
INDICATE THE NUMBER OF BREATH TES (DO NOT INCLUDE SELF-ADMINISTERED	TS IN THE FOLLOWING TESTS)	RANGES SINCE TH	IE LAST MAINT	ENANCE REPORT:					
REFUSALS 004	.0509	1014 Z	.1519	Over .19					
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR M (USE OTHER SIDE IF NECESSARY).	ODIFICATION THAT WAS MADE TO	RESTORE THE INSTRUMENT	TO OPERATE SATISFAC	CTORILY AND WITHIN ESTABLISHED LIMITS					
INSPECTING OFFICER		nanasina kanjana							
SIGNATURE	141 ir	PRINT FULL NAME	Toshua 7	T. Renton					
TYPE II PERMIT NUMBERIEN PRATION DATE 200843 9-11	N	TELEPHONE NUMBI	624 SSI						
RETURN COMPLETED REPORT TO THE:	Breath Alcohol Program Southeast District Office 2875 James Blvd. Poplar Bluff, MO 63901	n, Missouri Departmer							

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc. LOT NUMBER: 13002 EXPIRATION DATE: June 19, 2015 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13002 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain ______ gms/dl +/-.003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interferring substance.

This solution will produce a vapor alcohol value of _.100 +/-3% gms/210L Breath when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is <u>June 20, 2013</u>

The expiration date for this lot number is <u>June 19, 2015</u> at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.

Cecil B. Garner, President RepCo Marketing, Inc.

Form RM 02

State-of Missouri DEPARTMENT OF HEALTH





JOSHUA T BENTON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

09/11/2012

Number 220243

Expires 09/11/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Minim

Director, Department of Health

Lab. 4 (R7-88)

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INTOXILYZER HISTRUMENT PRINTER CARD

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ADDITIONAL INFORMATION AND/OR REMARKS

SUBJECT'S NAME

PASSED

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61/03/50/40

NO NODEL 5000 INTOXILYZER -051500-99 NS ALCOHOL ANALYZER DEXIEK BD.

IMHIBILED - KEI İMNUTİÖ LESL EJ32°53 SM 86-002130

605/603/2014 6192/50/20

☼ 1886 PÅ CWHINC:

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ADDITIONAL INFORMATION AND JOB REMARKS

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91:78 888 * YIK BURUK CAL, CHECK Z60 ° 91:20 SI:20 CAL. CHECK 900 ° 96**0**. ST 420 VIE BENNE CAL, CHECK SI:20 999 ' 960. 91:70 999 ' P1:20 HIR BLANK OVBX LIME TEST.

05/03/2014 NO NODEC 2000 8H EE-BORIBB WCCOHOL WHWLXSEK IMLOXIFLSEK DEXLEK ED

ADDITIONAL INFORMATION AND JOR REMARKS

VBCDEECHI 1KFUNOb0K2100MXXS0IS342C363i0#49PC4€ ABCDEFGHIJKLMNOPGRSTUU WEEDELEHINKTUNOLOKSINNNXXXXXXXXX2013429Cq5 VBCDELCHIOKTWHOLOKSINNMXXS0IS3426783 **VBCDELGHIOKFUNOBOKSINOMXISGISS**

E232° 53 Z0:Z0 061900-99 NS 03/507/4